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REPORT OF TWO CASES OF FRACTURE TREATED BY THE LANE METHOD AT ST. MARY'S HOSPITAL.

DR. E. M. HETHERINGTON, Kansas City, Mo.

Read before the Wyandotte County Medical Society March 1, 1910.

Technique of operation:—

Perfect ausepsis must be maintained throughout the operation,

Preparation of Patient:—

Field of operation should be thoroughly scrubbed twelve hours before time of operation and green soap poultice applied for twelve hours, scrubbing the field again before operating, wash with tincture of iodine, alcohol and tincture of iodine again. Hands must be gloved.

The incision made, care must be taken not to touch the wound with anything other than instruments and gauze for sponging, the gauze being held in a forcep; sterile towels should be either stitched or fastened to edge of wound by instruments to prevent anything touching skin and then coming in contact with the wound. The bone is held in place by the use of bone instruments advised by Doctor Lane, the splint applied by the use of instruments and the wound closed without drainage except in originally compound fractures; in such cases, drainage is always necessary. The splints are made of either German silver or steel and ordinary screws are used; splints are left permanently in most cases, causing no trouble whatever.

Case 1. Joseph S. Age 22 yrs. R. R. employee, Oklahoma City.

Case of a compound, comminuted, multiple fracture of tibia and fibula, lower third; was treated for three months by local physicians—method unknown—was referred to me on or about July 1, 1909.

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The wound was open in two places, discharging pus; x-ray picture was taken, figure 1. Patient was anesthetized, incisions made on either side of leg at seat of fracture; about four inches of bone was resected, the fresh ends were then put in correct apposition and one Lane splint applied on tibia.

Two screws below fracture and two above; the wound was closed except a small opening for drainage, the leg was then put in wire splint from knee down; dressing consisted of irrigation with solution of lysol once daily until granulation was complete at the

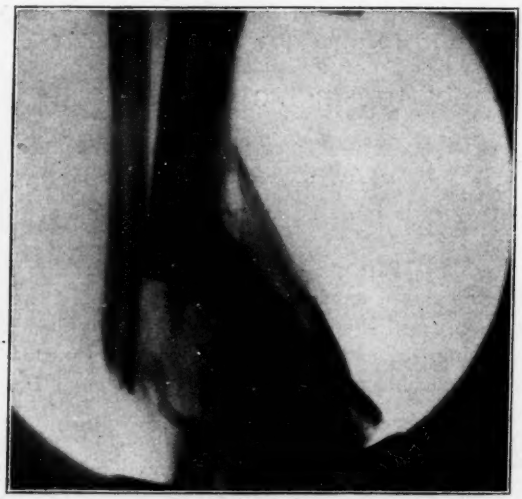

PLATE I.
Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.

end of ten weeks except a small sinus which continued to drain for two weeks longer, when splint was removed, taking same precaution as in applying same. Picture was again taken (see plate ii). Plaster cast was applied with window over seat of sinus. Three weeks later wound was closed and patient discharged from hospital. Other than the three inches of shortening there was perfect use of the limb with full motion of the ankle joint.

Case 2. Mr. N. married, age 42 years., contractor, Kansas City, Mo.,

Simple, oblique fracture of middle third of tibia of left leg with about two inches of shortening.

Incision was made in anterior part of leg, fracture reduced by means of simple traction, ends of bone held in place by special for-

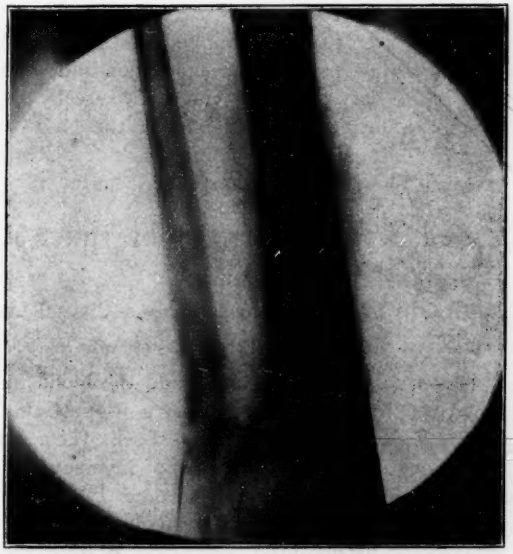

PLATE II.
Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.

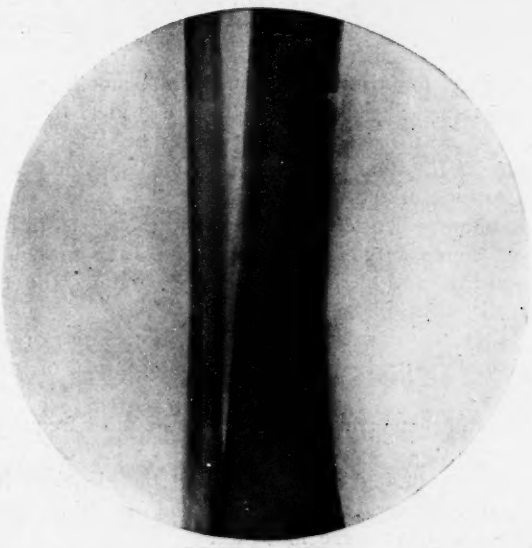

PLATE I. CASE 2.
Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.

ceps, and one Lane splint applied. Incision was closed without drainage, heavy plaster cast was applied and leg elevated. On second day window was cut in cast over incision and wound dressed with sterile gauze only. At the end of two weeks patient was dismissed from the hospital bearing part of the body weight on fractured leg without pain. The splint was not disturbed. See figure 1, case 2. There was no shortening whatever.

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LEUKEMIA—WITH TREATMENT BY THE X-RAY AND REPORT OF A CASE.

MARTHA M. BACON, M. D., Kansas City, Kansas.

Read before the Clay County Medical Society at Clay Center on March 9, 1910.

Leukemia is a disease of the blood and the blood making organs, characterized by hyperleucocytosis, a proportionate reduction in both the hæmoglobin and red blood cells, the occurrence of nucleated erythrocytes, and the presence of myelocytes, together with enlargement of the liver, spleen, and lymphatic glands. That the bone marrow is the primary seat of the disease is, I believe, the most generally accepted view at the present time.

The medulla of the bones is either soft and yellow, like pus, or, more commonly, firm and pink. In either case, the fat of the adult marrow is replaced by a cellular substance in which are found myelocytes, with nucleated red corpuscles of various sizes, giant cells, and degenerated red cells.

The liver is uniformly large, pale and smooth, presenting obvious changes. The portal tracts are wider than normal, and infiltrated with leucocytes. There may be fatty degeneration and atrophy of the liver cells, while hemorrhages may occur beneath the capsule of the organ.

The kidneys present changes similar to those seen in the liver. In the heart there is often fatty degeneration of the muscular fibers, and endocarditis and pericarditis may be among the terminal events of the disease.

The lungs may present changes of bronchitis, or oedema, and the pleural cavity frequently contains dropsical or inflammatory exudate.

In the brain hemorrhages constitute the most frequent pathological change.

The etiology of leukemia is obscure, but deficient hygienic conditions, disturbances of pregnancy, and the climacteric have been thought to have some influence.

In many cases, malarial fever has been an antecedent.

Leukemia is one of the few diseases in which a diagnosis may be made by the microscopic examination of the blood alone.

Two varieties of the disease are recognized; the spleno-medullary and the lymphatic, yet it must be admitted that the two forms do not stand sharply apart from one another.

The spleno-medullary is the most common type, is found more frequently in males, and may occur at any period in life, but is most often seen between the ages of thirty and forty years. I found one case reported at six months.

The symptoms in both forms of leukemia are very similar. The onset is insidious. The patient may suffer from languor, weakness, and loss of flesh for months, before the increased size of the abdomen leads to an examination and a correct diagnosis of the condition.

The temperature may remain normal, or periods of pyrexia may alternate with others during which there is little or no elevation of temperature. The pulse may be rapid, with enfeebled heart action. Epistaxis, dyspnoea, cough, vomiting, and diarrhœa may be present. A waxy appearance of the skin, and the mucous membranes, indicating a profound anemia, is characteristic of the affection.

The duration of spleno-medullary leukemia is from six months to seven years, the average being about two years, but the uncertainty as to the time of actual commencement must always be considered.

The pathology of the condition is still obscure, but it is certain that the disease is not primarily and solely a disorder of the spleen. It is believed that the myelocytes give origin to the polymorphonuclear granular leucocytes, and the unusual occurence of the former in the blood, together with an increase of the latter, point to an undue proliferation and growth or disease of the marrow cells.

The enormous size of the spleen may be due to the accumulation of leucocytes in great numbers, for the purpose of destruction in the organ, with consequent tissue changes of a hypertrophic nature. The relation between the spleen and the amount of leucocythæmia present, especially in the early stages of the disease, may be explained by the theory that the spleen takes care of the leucocytes when only a slight degree of leukemia is present until the organ becomes overloaded, then the corpuscles must accumulate in the blood stream. There is nothing in the etiological factors that explains the lesions in the bone marrow.

The diagnosis of spleno-medullary leukemia rests on the enlargement of the spleen, and on the presence in the blood of granu-

lar leucocytes, myelocytes, and greatly increased numbers of polymorphonuclear and eosinophilic cells.

Myelocytes may be found in the early stages of the disease, when the number of leucocytes per cubic millimeter is no greater than in a leucocytosis resulting from ordinary causes. In the lymphatic form of the affection the increase in white cells is due to a lymphocytosis.

The association of enlargement of the lymphatic glands and of the blood forming organ, together with the increased growth of adenomatous tissue throughout the body, and the condition of the blood, suggests a picture altogether analogous to that of new growth in all of the lymphatic structures, and I believe that leukemia is closely related to malignant disease, probably sarcoma of the white corpuscles.

The prognosis in leukemia is generally considered as absolutely unfavorable. Under proper treatment, the course of the disease may be delayed, however, in some instances for considerable periods of time.

Before the introduction of the x-ray, the internal administration of arsenic combined with a diet rich in nitrogen, together with the relief of certain symptoms, constituted the most satisfactory line of treatment at our disposal.

The x-ray was first employed for the relief of this condition in 1902, and since that time has been widely used and as a rule is very favorably regarded.

The basis of this treatment is the knowledge that the rays have a markedly destructive action upon leucocytes, especially the mononuclear forms, and upon myelocytes, and this results in the production of a leucolytic substance which is capable of destroying other leucocytes.

Usually, the x-rays are applied to the spleen or to the enlarged lymph glands, the time and frequency of the application varying. Some operators prefer to give brief exposures, and repeat them every day or every second day until a reaction is secured, while others employ prolonged applications, with longer intervening periods of rest.

After a thorough trial of the method of treatment outlined and advocated by Stengel and Pancoast, of Philadelphia, I am fully convinced that the use of the rays along the shafts of the long bones, avoiding until late, or even altogether, the spleen, is the most scientific procedure, and offers the greatest hope of success. Marked improvement usually follows this plan of treat-

ment, but absolute recovery is doubtful, although a few apparent cures have been reported.

At any rate, relief and diminution of symptoms are secured, the spleen is reduced in size, the number of white cells is lowered, and the general condition of the patient is much improved. The earlier the treatment is instituted the more pronounced is the action.

The principal danger to be guarded against is autointoxication, due to the sudden liberation of the disintergration products of proteid matter.

Recurrence of symptoms eventually takes place, as a rule, but a fatal issue may often be postponed for several months or even a year or more.

In the case which I shall report the rays were applied first to the lower half of one leg, the rest of the body being carefully protected from the action of the ray. The next day the upper half of the limb was treated, thus taking only one part of the body each day.

Twelve minute exposures were given daily, except Sunday, from one to two milliamperes of current and a moderately hard tube being employed.

My patient was a boy, ten years old, referred to me by Dr. D. O. Taylor, of Greeley, Kansas.

I first saw him on November 10, 1908. At that time the disease was already far advanced, The spleen almost filled the abdominal cavity, extending to a point below the pubes, and all of the classical symptoms of leukemia were present.

I could not find out exactly how long the condition had been present. The patient had visited Bethany Hospital in July, 1908. A comparison of the blood counts made at that time and in November showed that the disease had progressed during the interval.

At the time he received his first treatment with the rays, a blood examination, made by Dr. Nesselrode, showed 502500 white cells per c. mm. A microphotograph of this blood specimen shows the proportion of the various cells present.

The patient then went home and remained for one week, when he returned for his treatments which were continued daily until June 26, with periods of rest lasting but a few days at a time.

On November 17 the effect of the first treatment was shown in a decrease of the white cells to 19000 per c. mm. The temperature at this time was 101° F., and the pulse 114. Both were greatly improved under treatment, but never reached the normal.

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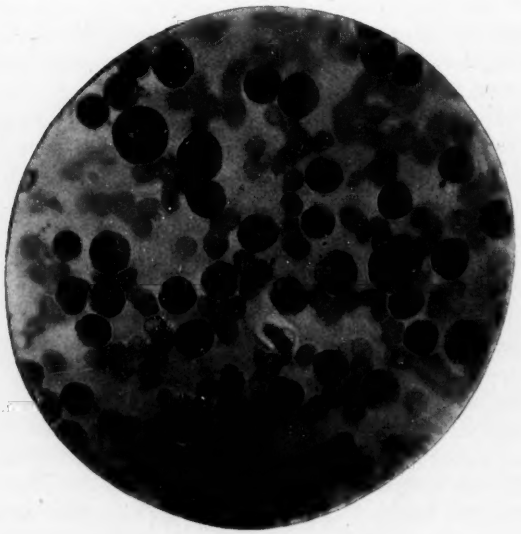
On November 17 the effect of the first treatment was shown in a decrease of the white cells to 19000 per c. mm. The temperature at this time was 101° F., and the pulse 114. Both were greatly improved under treatment, but never reached the normal.

Frequent blood counts were made. The leucocytosis was much higher immediately following a treatment. On March 12 the lowest number, 171000, was registered.

Beginning on April 1, they gradually increased, until 360600 was reached. The pulse and temperature remained about the same. The spleen decreased in size about two-thirds, but the lymphatic glands in the inguinal, axillary and cervical regions remained unchanged.



The last treatment was given on June 26, the temperature at time being 100.4 and the pulse 106.

The weather was very warm(this patient always felt better during the cooler months, a peculiarity which I have also noted in other cases of this affection), and it was thought best to take the boy home for a brief rest. While there, the bowel trouble, which had persisted more or less, became worse, and the patient did not return for further treatment until September 29. At that time the spleen was found to be smaller, and the pulse rate was reduced to 100, but the general condition was not good.

The patient returned home and, shortly afterward, contracted a severe cold, and had a prolonged attack of epistaxis. A large abscess developed on the left leg, and a dropsical condition became

manifest in the lower extremities. The intestinal trouble grew worse, and the little fellow died on October 28, 1909.

Like all similar cases it has been my fortune to treat, this one was practically hopeless when first seen, but I believe the results obtained more than justified the effort, and we may yet be able to offer a permanent cure by this method of treatment.

*I am indebted to Dr. R. L. Sutton, of Kansas City, Mo., for microphotographs of these preparations.

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In suturing a laparotomy wound in the right hypochondrium, remember that the vessel running near the round ligament may be punctured in the peritoneal suture. Its injury usually gives rise to very troublesome hemorrhage.—American Journal Surgery.

THE TREATMENT OF CHRONIC URETHRITIS BY VACCINES.

DR. OTTO B. KEIHL, Pittsburg, Kansas.

Read before the Cherokee County Medical Society, March 8, 1910.

Mr. Chairman and Gentlemen of the Cherokee County Medical Society. I am not unmindful of the honor conferred by your invitation extending to me the privilege and pleasure of calling your attention to some of the newer ideas by which we are endeavoring to combat the etiological factor in this, one of our most rebellious diseases. We are taking this method from the teachings of Sir A. E. Wright of London and shall term it the vaccine or bacterin therapy.

Vaccines or more strictly speaking bacterins are prepared in the following manner. A culture is made from the urethra and after incubating for 24 hours on some suitable media the growth thereon is compared with a stained smear made at the same time as the culture, to determine whether we have the same bacteria in both. If the cultures are satisfactory we wash the growth off in physiological salt solution and pour the suspension of living bacteria off into a small test tube which is then sealed. The next step is the process sterilization which is accomplished by heating the suspension in a water bath for a period of one hour at a temperature of 60 degrees Cent.

We now have the bacterial suspension sterile and ready to be transferred to a recepticle containing a definite quantity of sterile physiological salt solution to which has been added ¼% lysol for preserving. This container has a rubber cap through which the needle of a hypodermic syringe may be thrust, and the required dose drawn into the syringe. The amount of diluting fluid is governed by the character and amount of organisms we have.

The dosage of bacterins cannot be determined by any set rule but we must be governed by clinical conditions or the opsonic index if this be at all practicable. By the opsonic index we mean the comparative ratio established by the number of bacteria ingested by the leukocytes of patients blood and normal blood. When a dose is given, which may be done with an ordinary hypodermic syringe, we have after a few hours, a local reaction marked by a slight degree of tenderness at the site of injection and an area of redness surrounding the point of entrance of the needle. If the dose be excessive a decided reaction will follow manifested by elevation of temperature, aching and malaise. Within 12 hours

these manifestations disappear and no serious results follow. Of equal importance to the individual dose is the time elapsing between doses, for we have within a few hours after the exhibition of the bacterin the negative phase to consider wherein the opsonic index falls slightly and we have a slight rise in temperature with moderate malaise. This condition continues for a limited time and then we have the positive phase follow in which the opsonic index rises above the point where the injection was given and a feeling of general well being in our patient, especially if we have a rather pronounced negative phase.

In the long standing cases of urethritis, especially of those of more than 12 months duration, we seldom find the gonococcus present, but find the more common pus producing bacteria present such as staphylococci, pneumococci, colon bacilli, bacillus mucous capsulatus and very frequently a short unnamed bacillus. We may find any of these bacteria alone or a mixed infection as in any long standing suppurating condition.

When we encounter a mixed infection we make up the vaccine from the culture as though we had but one organism and after the treatment has been given for a time we make new cultures and continue with them as at first.

Many times we are compelled to make a series of vaccines in the badly mixed cases before we obtain the desired results. When the gonococcus is present we pursue a slightly different course inasmuch as the gonococcus will not grow on the ordinary culture media but requires a special media and a special technique.

Case Reports.

No. 1. John C., acute gonorrhea two years ago for which he was treated. Discharge ceased and was absent for about one month when began again. Ordinary treatment continually by different physicians. First saw patient early in June '09.

Discharge profuse, showed staphylococci albus in smear and culture, treatment begun on June 10. After third injection of bacterin discharge ceased entirely but treatment was kept up for a period of seven weeks when the patient was injured in a R. R. accident and went to hospital. After a short stay in hospital returned to work as brakeman but had never had recurrence of discharge. On about October 1, returned saying "I went to the springs and while there this trouble returned." At this time there were all the symptoms of an acute gonorrhea and cultures and smears showed almost a pure gonococcal infection. The ordinary treatment for acute gonorrhea completely relieved him

in four weeks and at this time March 1, 1910, he is free from symptoms and the urine is free from shreds.

No. 2. Ben. P., Miner, Had acute gonorrhea two years ago. Was treated six weeks when discharge ceased. Was married in two months afterward. Discharge began one week after marriage, and had continued profusely even under treatment. Saw patient first on May 10, 1909. Cultures and smears showed a staphylococcus aureus. Discharge ceased after the fourth injection but treatment was kept up for eight weeks longer. Urine free from shreds and cultures and smears negative. Saw patient on Feb. 26, 1910 and was free from trouble.

No. 3. Mr. E. E. M., Gambler. Had acute gonorrhea in 1905 and was never free from a discharge. In 1907 had an epidymitis following the use of sounds and was in a hospital for a period of three weeks. Saw patient first on June 5, 1909. Discharge was very profuse and cultures and smears showed a profusion of staphylococci, both albus and areus, and also a short bacillus. Vaccines were given until August 1., when the patient was discharged as well and has so remained up to this time.

No. 4. Mr. C. H. H., Butcher. History not definite but said he had had the trouble for a long time. Cultures and smears showed gonococci and staphylococci. Treatment began on November 1, 1909. Both gonoco cic and staphyloccic bacterins were given until January 1. 1910., but the discharge had ceased and shreds disappeared from the the urine about December 15, 1909. He is free from trouble at this time.

No. 5. John P., Miner. Had acute gonorrhea in January 1907 and was never free from discharge but was on continuous treatment. First saw patient in March 1909. Moderate discharge and cultures and smears showed a short bacillus. Bacterin treatment begun on March 12, 1909. Discharge ceased in the latter part of April but treatment was continued until June 1. Saw patient early in January 1910 and urine was free from pus or shreds.

The bacterins alone were used in all these cases and all the patients continued at their usual work during treatment.

I have under observation one patient now who I first saw May 20, 1909. He had a badly mixed infection and was a constant drinker. His treatment was discontinued in December 1909 but he has a small bead of mucinous discharge each morning. This condition has existed since October 1909, and has no tendency either to improve or retrogress. He indulges freely in alcoholics and venereal excesses but the condition remains the same.

HYPERKERATOSIS LINGUALIS.

DR. FREDERICK W. SHAW, Kansas City, Kansas.

There are a number of cases reported in which the filiform papillæ of the tongue become elongated and black, the elongations giving the lesion a hairy appearance. Some others have been reported without the elongations.

The area of the disease, from the cases reported, is in front of the circumvallate papillæ forward toward the tip of the tongue and extending peripherally.

The case I report conforms to all the clinical symptoms of the reported cases accompanied by elongated papillæ.

J. B., male; widower, age 79; nativity—Scotland; occupatiou, merchant.

Family history negative.

Personal history: Had malaria fever during the civil war. For several years has had a tremor in both hands, and a tendency of having to walk rapidly to maintain his equilibrium. About three years ago his vision began to fail and in October 1907, a cataract was removed from the left eye.

Present condition: On July 31, 1908 the patient complained of being very thirsty and of having a sweet taste in his mouth. He also said that his mouth felt dry and his tongue thick. This condition, he told me, had been noticeable for about two weeks, but he had not mentioned it to me thinking it would disappear. On examination a black, hairy-looking coating was seen to be occupying the central part of the tongue from the circumvallate papillæ to within one inch of the tip. The area tapered forward from the position in front of the circumvallate papillæ; the width at that point being about one and one-half inches. The border was well defined and extending from this was a narrow area of a yellow color with a narrow grayish margin and with but a very slight elongation of the papillæ. The tongue, beneath the lesion, appeared to be thickened about one-sixteenth of an inch, but it was not dry; in fact the prolongations were so moist that they appeared slimy. The remainder of the tongue and mouth were normal. That this color was not due to medicines was very clear as he had been under my care in the hospital for six months and he had been given nothing but an occasional dose of salts.

With the aid of a probe the hair-like processes could be lifted erect and in that position a more remarkable likeness to hair was obtained, resembling the hair of the eye-lashes. By different authors their appearance has been likened to long tentrils, lashes,

seaweed, or hairs. They resemble the latter so much that they were suspected of being true hairy growths and received the term "Hairy Tongue." Lake (British Medical Journal, 1891, 2 p. 946) cited a case reported by Raynoud, in which it is described as an area that looks like "a field of corn laid by wind and storm."

The papillæ could be removed readily by scraping lightly. The individual papillæ had a dark brown color, were tapering and varied from one-eighth to five-eighths of an inch in length.

The scrapings and papillæ were examined microscopically and besides the epithelial debris and numerous bacteria and fungi, I found two different organisms which were possible etiological factors. The one were masses of bodies that appeared as large irregularly oval or round semi-transparent organisms showing a faint gray color under the lens. The cells were unconnected with one another and they were not arranged in series. A few of them had small projections or buds. They agree in description, with the organisms found by several writers and very ably described by Gottheil in the April number, 1899, of the "Archives of Pediatrics." I did not succeed in getting this organism to grow on artificial culture media.

The other organism was a round spore-like body of a brown color. This organism was, very abundant in the scrapings and surrounded the papillæ, in areas, in a stratified manner. It can be cultivated artificially on glycerine-agar, on which the organism developes a dark brown color, then black, which stains the medium. The colonies are rounded, elevated, regular borded and have a smooth slimy surface of a yellowish-white color turning to brown then black depending upon the age of the culture.

The organism stains well with all the aniline dyes. It is not doubly contoured, and some of them show small buds. It varies in diameter from 5m. to 3m.

That either of the bodies causes the hyperkeratosis I will not say on account of the mouth being a rendezvous for bacteria and fungi, but it would appear from the microscopical findings and the cultures that the smaller body played a part, at least, in the production of the pigment.

The malady began to disappear on August 5, 1908, the disappearance beginning at the periphery with a change of color from black to yellow. The sclera and the complexion were clear throughout the course of the disease. No treatment was applied; the disappearance was spontaneous by exfoliation. The patient died on the 19 of August from mitral insufficiency at which time two small patches remained each about 3-8 of an inch in diameter.

THE JOURNAL
OF THE
Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.
ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: $2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft, Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. J. Furst, Peabody; 1st Vice-President F. F. Foncannon, Emporia; 2nd Vice-President, J. D. Walthall, Paola; 3rd Vice-President, J. P. Kaster, Topeka; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarain. S. G. Stewart, Topeka.

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EDITORIAL

Again the attention of the authors of papers for the annual meeting next month is called to the fact that the articles must be type-written. When one considers the number of medical terms that are totally unfamiliar to the printer it is plain to be seen that it it is almost an impossibility to set up an article from written copy without a large number of glaring mistakes.

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Upon arriving at Topeka for the annual meeting the first thing that should be done is to register at the headquarters, Representative Hall, Capitol Building, with the Secretary. He will provide you with a badge and program, and the committee will direct you to a hotel. It is the earnest wish of the entertainment committee that the wives of the members be present. Again let us urge you to be present and take part in what promises to be the greatest meeting the Society has ever held.

SOCIETY NOTES.

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PROGRAM OF THE MEETING OF THE KANSAS MEDICAL SOCIETY.

Forty-Fourth Annual Meeting of the Kansas Medical Society., Will Be Held At

REPRESENTATIVE HALL, STATE CAPITOL, TOPEKA.

Wednesday, Thursday, Friday, May 4, 5 and 6, 1910.

The following arrangements have been made for entertainment:

Wednesday.

Address of Welcome, by the Mayor of Topeka.

Response.

Visiting Ladies entertained by Topeka Federation of Club Women.

Wednesday Evening.

Reception at Governor's Mansion.

Thursday Noon.

Men's Luncheon at Commercial Club Rooms.

Ladies' Luncheon at Hotel Throop.

Thursday P. M.

Ladies Reception at Hotel Throop.

Thursday Evening.

Majestic Theatre.

Auto ride for the ladies will be given one day during the meeting.

Wednesday, May 4.

Meeting of Council 9 a. m.

Meeting of House of Delegates 10 a. m.

Reading Minutes of last meeting.

Report of officers, secretary, treasurer and councillors.

Report of standing Committees.

Report of Committee on Arrangements.

Report of Special Committees.

Unfinished Business.

New Business.

Arrangements have been made for hotel accomodations at The National and Throop hotels.

No special railroad rate. Two cent fare prevails on all roads.

PROGRAM.

Paper—"Acute Nephritis, A Sequala of Tonsilitis", Dr. R. C. Harner, Green; Paper—"Is Insanity on the Increase", Dr. J. N. Hill, Osawatomie; Paper—"The Relation of the General Practitioner to the Specialist", Dr. G. W. Goss, Sedan; Paper—"An Appliance for the Treatment of Fractures of the Upper Third of the Humerus", Dr. L. J. Lyman, Manhatten; Paper—"Some Complications of Gonorrhoea," Dr. W. C. McDonnough, Topeka; Paper—"The Effects of Modern College Athletics on the Heart," Dr. W. E. McVey, Topeka; Paper—"Bier's Hyperæmic Treatment," Dr. N. C. Speer, Osawatomie; Paper—"History of Examinations for Life Insurance," Dr. J. W. Graybill, Newton; Paper—Dr. J. S. Shelley, Elmdale; Paper—Dr. W. C. Harkey, Gardner; Paper—"The Eye in Health and Disease," Dr. Chas. E. Fisher, Lyons; Paper—Dr. S. C. Emley, Lawrence; Paper—"The Railroad Car Privy as a Menace to Public Health in Kansas. A Suggested Remedy.," Dr. E. E. Haynes, Lewis; Paper—"Burns and Scalds," Dr. A. C. Dingus, Yates Center; Paper—"Acute Osteomyelitis of the Hip Joint," Dr. Wade Doster, St. Johns; Paper—"Etiological Factors in Children's Dysenteries," Dr. E. H. Schorer, Lawrence; Paper—"Cleft Palate," Dr. G. W. Jones, Lawrence; Paper—"The Present Status of Poliomyelitis Acuta," Dr. A. L. Skoog, Kansas City; Paper—"Dr. H. L. Snyder, Winfield; Paper—"Hook Worm," Dr. W. S. McDonald, Ft. Scott; Paper—"Dr. G. A. Blasdel, Garnett; Paper—Dr. Chas. E. Longacre, Westphalia; Paper—"X-Ray Therapy," Dr. Martha M. Bacon, Kansas City; Paper—Dr. T. F. Foncannon, Emporia; Paper—"Tuberculosis of the Kidney," Dr. S. G. Zinke, Leavenworth; Paper—"Pollution of Kansas Streams," Dr. J. L. Everhardy, Leavenworth; Paper—"The Relation of the Medical Profession to Medical Institutions," Dr. M. T. Sudler, Lawrence; Paper—"The Connection of the Physician and the Pharmaceutical House; Fixed Formulas, etc.,"Dr. B. R. Riley, Benedict; Paper—"The Radical Cure of Inguinal Hernia," Dr. G. M. Gray, Kansas City; Paper—"Scirrhus Carcinoma of the Stomach, With Report of a Case," Dr. B. M. Barnett, Rosedale; Paper—"The Use of Tuberculin in the Diagnosis of Tuberculosis," Dr. M. A. Barber, Rosedale; Paper—"Hydrophobia," Dr. S. S. Glasscock, Kansas City; Paper—"Cancer of the Uterus," Dr. O. D. Walker, Salina; Paper—"Medical Inspection of School Children," Dr. H. N. Moses, Salina.

The Western Kansas and the Decatur and Norton Counties Societies held their regular meeting March 29, at Goodland, Kansas. Following is the program: The Rational Treatment of Typhoid Fever, Dr. H. O. Hardesty, Jennings; Some Observations of Low Temperature, Dr. F. H. Smith, Goodland. The Treatment of Pneumonia, Dr. C. S. Kenney, Norcatur. My Experience with Eclampsia, Dr. A. C. Gulick, Goodland. Cystic Degeneration of the Placenta with Case Reports and Specimen, Dr. E. J. Beckner, Selden. A Serial Report of 135 cases of Obstetrics, Dr. F. A. Carmichael, Goodland. General Business meeting. Election of officers. Dinner. Smoker and Round Table discussion.

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The Franklin County Medical Society, at its seventh annual meeting, held in Ottawa, January 26, elected Dr. John M. McWharf, president; Dr. Edward B. Gossett, vice-president, and Dr. James Ball, secretary-treasurer, all of Ottawa.

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Program of the Sumner County Medical Society, Howey House, Wellington, April 21.

1. Supper. 2. General Business. 3. Report from Eastern Clinics, Dr. W. M. Martin. 4. Hydrophobia; A Clinical Picture, Dr. J. J. Sippy; discussion led by Drs. Waite and Emerson. 5. X-Ray; Its value to the Physician and the Surgeon, Dr. G. D. Pendell; discussion led by Drs. Axans and Shelly. 6. Intestinal Intoxication, Dr. T. T. Holt; discussion led by Drs. Collins and Kisecker.

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Shawnee County Society.—The Shawnee County Society is making arrangements for the entertainment of the members of the State Society, when the meeting is held here in may. Just now the greatest problem is where to hang the banner which Dr. O. P. Davis rescued at the close of the state meeting last year. The dome of the state house seems to be the only place big enough to hold the banner, unless it is stretched across Kansas Avenue. The banner is a white elephant on account of its size.

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LABETTE COUNTY MEDICAL SOCIETY.

The Labette County Medical Society met at the residence of Dr. E. W. Boardman, Parsons, March 23, for their regular monthly meeting.

Dr. Maser reported that the man of 86 reported at last meeting upon whom he had operated for cataract, had made a good recovery and was now able to read.

Dr. Barbe reported an unusual skin disease in a healthy young adult which resisted treatment for some months, but ultimately recovered. The diagnosis was an anomalous case of psoriasis.

Dr. Bennett reported a case of adherent eyelid in which the cornea was completely covered, due to pannus following trachoma. The lid had been dissected away from the cornea and ability to count fingers had resulted.

Dr. Mahan reported an unusual case of varicella in an adult in which the lesions so closely resembled variola that without the accompanying symptoms a diagnosis would have been very difficult.

Dr. Boardman mentioned the large number of cases of measles in Parsons, and reported a case of pronounced laryngeal involvement with croupy cough, also several cases having measles and whooping cough at the same time.

Dr. Henson read a paper entitled ' Vaccination as Compared with Quarantine in Small-pox." He offered the suggestion that it might be well to abolish all quarantine regulations in small-pox, hoping thereby to force a law requiring vaccination in all cases. He cited conditions in Germany where vaccination is compulsory and small-pox has been practically eradicated as an example of good enforcement of a wise law.

Dr. Barbe conducted a quiz on the Exanthemata.

After the program, supper was served, followed by a social and musical evening which was much enjoyed by all.

O. S. HUBBARD, Sec'y.

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NEWS NOTES

Dr. R. A. Young has been appointed a member of the Medical Staff of the Topeka State Hospital.

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Dr. J. Frank Friesen, of Chicago, has located at Buhler, Kansas.

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The Isolation of Polonium—Mme. Curie, who in conjunction with her late husband, M. Pierre Curie, discovered radium and polonium, has succeeded, with the co-operation of M. Debierne, in isolating a milligram of polonium from pitch-blende. According to Science, several tons of the latter mineral treated with hydro-

chloric acid were required to produce this amount of polonium. While its radio-activity is greatly in excess of that of radium, it disintegrates and disappears with far greater rapidity, losing 50 per cent. of its weight in 140 days. It would require a like quantity of radium a thousand years to disappear. Polonium decomposes organic bodies with great rapidity, and when placed in such a refractory substance as a quartz vase the vessel is soon cracked. In the process of disintegration helium and another substance, supposed to be lead, are produced. The determination of this latter substance will also establish the fact that polonium is not an elementary body, as formerly believed.

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Dr. M. T. Sudler, of Lawrence, has just returned from a visit to the Medical Departments of the Universities of Michigan, Minnesota and Iowa.

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Benjamin H. Leslie, M. D., University of Pennsylvania, 1868; a member of the Kansas Medical Society; died at his home in Lawrence, Kansas, March 15, from chronic nephritis, aged 66.

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Stanley H. Brooks, M. D., University Medical College, of Kansas City, Mo., 1885; of Mound City, Kan.; a member of the American Medical Association; died in the University Hospital, Kansas City, February 17, from gallstone disease, aged 46.

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Robert George English, M. D., Northwestern University Medical School, Chicago, 1871; a veteran of the Sabine Indian War; and a pioneer resident of Des Moines, Iowa; for nearly sixty years a practitioner; died at the home of his daughter in Osawatomie, Kans., March 4, from senile debility, aged 92.

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Dr. Samuel T. Gillespie of Lawrence has been, appointed health officer of Douglas County, vice Dr. John C. Rudolph, Lawrence.

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Dr. Francis C. Herr, Ottawa, has been appointed physician and health officer of Franklin County, vice, Dr. Willis L. Jacobus, Ottawa.

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Dr. C. W. Cole spent November and December in post-graduate work in Chicago. He will now devote his time exclusively to the eye, ear, nose and throat. He has a nicely equipped office in the Broquet building, Norton, Kansas.

Dr. W. C. Lathrop, Norton, Kans., is taking a special course in surgery under Dr. A. J. Oschner in St. Augustine Hospital, Chicago. He will return May first and take up his practice in Norton, where he will devote his time to surgery.

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Dr. W. E. Knox and Miss Lucy Frewen, both of Norcatur, Kansas., were married January 12, 1910. Congratulations.

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Dr. C. S. Kenney, Norcatur, Kansas, was operated upon at Bell Hospital Rosedale, February 7, for chronic appendicitis, by Dr. J. F. Binnie.

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A doctor whose former reputation was thought to be fairly good and who recently moved to Topeka from a small town has advertised in the daily papers here that he has bought a portable X-Ray outfit which he can take to patients' houses, and that he also has a new auto and "now honk honks everywhere," to quote his published rhetoric.

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Dr. Merrill Mills, formerly of Roosevelt hospital, New York, has located in Topeka, his native town.

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Communications.

Editor of the Kansas Medical Journal:

I am writing to you in behalf of the Public Health Education Committee of American Medical Association.

The resolution creating this committee was passed unanimously by the House of Delegates of the American Medical Association at its meeting in Atlantic City, in June, 1909. A meeting of the women physicians of the American Medical Association was called in New York City, July 20, 1909. Women from all over the United States were present and formulated plans for work in women's clubs, Y. W. C. A's, Mother's and Teachers' organizations, Social Settlement clubs, etc., Work is now going forward in Alabama, Arizona, Connecticut, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Washington, Wisconsin, Utah, Virginia, Wyoming, West Virginia, District of Columbia, Hiawaii, and the Philippine Islands. The plan of the work is to affiliate through this Committee the large

amount of Public Health Education now being done individually and by scattered groups of women, to concentrate this work under the American Medical Association, giving unity of purpose and co-operation of effort to all work along these lines for the public good.

The work is divided under State Secretaries and subdivided under County Chairman, a list of whom may be had on application to the Sec. of your State—Dr. Ida C. Barnes, Topeka, Kans.

It is the duty of the County Chairman to learn what physicians both men and women, willing to deliver lectures gratuitously on the following subjects:

1. Cause and prevention of ordinary colds. 2. The value of pure food and the physiology of digestion. 3. The chemistry and economic value of food. 4. The care of food in the market and home. 5. The relation of pure water to the public health. 6. The water borne diseases. 7. The value of excerise and to the public health. 8. The causes and prevention of nervous exhaustion and prostration. 9. The use and abuse of stimulants and narcotics. 10. The prevention and cure of Tuberculosis. 11. The care of the sick at home. 12. The air we breathe and the value of ventilation. (This address to be specially emphasized.) 13. The relation of flies and mosquitoes to public Health. 14. Pure Milk and Infant Hygiene. 15. The hygiene management of nervous children. 16. The relation of teeth to good health. 17. The prevention of some of the commoner skin diseases. 18. The importance of early diagnosis and treatment of adenoids. 19. The causes and prevention of deafness. 20. The prevention of Fourth of July injuries and tetanus. 20. The prevention of acquired deformities. 22. The causes and prevention of blindness. 23. Cause and result of eye strain. 24. How to instruct children regarding the origin of life. 25. The responsibility of girlhood to motherhood in care of the health during the menstrual period. 26. Pregnancy and the menopause. 27. The value of early diagnosis of cancer in women. 26 The responsibility of boyhood to fatherhood. 29. Social hygiene—how parents may protect their sons and daughters from immorality.

Other topics which may arise concerning Public Health.

Ever since the days of Galen and Aesculapias, The "father of medicine" Doctors have as a matter of course devoted a large share of their time gratuitously to curing of diseases in individual cases, and in the sick, collectively in clinics. In this state alone, thousands of those who suffer and otherwise become a burden to to the state and themselves are through, clinical, medical and sur-

gical care, saved to lives of usefulness. Many physicians have also given of their time to the prevention of disease in lectures on Public Health before all classes of society. Many individuals will not be able to do more than they because they have done so much, but in co-operation there it strength, therefore we urge that all work together in this great national movement for the good of our country, for the strength of the nation depends upon the health of the citizens.

The members of the county societies will render valuable service if they will send the name and addresses of those who are willing to lecture, together with the subject they propose to repesent, to the County Chairman of theri County. These County Chairmens names may be learned from the State Secretary.

The general plans and outlines above have been put in local practice in many places and the work has met with cordial response from County societies, We want to work along the same lines in every county society in the state so becoming a part of this great national movement, and next June when the record of work is presented in the House of Delegates of the American Medical Association we want our state compare with all the rest.

Yours truly,

IDA C. BARNES.

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Obituary.

The Shawnee County Medical Society recently adopted resolutions of respect in honor of two of the older members of the society whose deaths recently occured; Dr. B. D. Eastman and Dr. Washington Lafayette Schenck. The resolutions follow:

Dr. B. D. Eastman.

Whereas, Death has recently taken from the ranks of this society one of its oldest and most esteemed and distinguished members, Doctor B. D. Eastman, and

Whereas, Dr. Eastman was the first superintendent of the Topeka State Hospital for the Insane, which position he held through eighteen years of the early and formative period of that institution's career, and laid the foundations for its growth until now, largely as the result of his wisdom and foresight it is recognized as one of the model institutions of its kind in this country and a credit to the State of Kansas, and

Whereas, Dr. Eastman was one of the founders of the Kansas Medical College and one of the most faithful teachers, in it is long as his health permitted, and

Whereas, Dr. Eastman a lifelong student of insanity and the methods of treating the insane and was a recognized authority in that branch of the science of medicine, Therefore be it

Resolved, That in the death of Doctor B. D. Eastman the Shawnee County Medical Society, the medical profession at large, and the state of Kansas have lost a faithful member, an able practitioner of his chosen calling and a good citizen, one who placed knowledge, ability, honesty and service of the state and profession above his own private interests, and, be it further

Resolved, That a copy of these resolutions be spread upon the minutes of this meeting of the Shawnee County Medical Society and that a copy be furnished the family of the deceased as a slight token of the esteem in which Dr. Eastman was held by the members of this society.

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DR. WASHINGTON LAFAYETTE SCHENCK.

Whereas, Dr. Washington Lafayette Schenck, of this city, a member of this society and of the A. M. A., has recently died, and,

Whereas, The deceased has passed three score years of his life in the practice of his profession, during which time he received many high honors, both in his profession and in civil life, and served his country faithfully during the civil war, therefore, be it

Resolved, By the members of Shawnee County Medical Society that the society has suffered the loss of a valued and faithful member, and the state a useful citizen, and be it further

Resolved, That a copy of these resolutions be included in the minutes of this meeting and that a copy be sent to the members of the deceased's family that they may know the regard in which he was held by his fellow practitioners of medicine.

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CLINICAL NOTES

Danger of Rest in the Treatment of Sprains.—Sprained ankles and knees are commonest on the football field, and I fancy that it has been largely from the experience gained in treating these football injuries, that surgeons have come to realize the danger of rest. Gradually it has become evident that most of the disability after sprains resulted not from the sprain but from the treatment, the unhealthy stagnation of fluid about an unused joint, the resulting adhesions and muscular atrophy. Now our football surgeons treat their sprains by massage and moderate exercise from the outset, thus avoiding the stiffening, the atrophy and the tedious weeks of convalescence which they used to inflict.—Dr. Richard C. Cabot.

One of the most difficult matters to teach to both students and practitioners is the difference between induration and infiltration. This is especially true in the matter of the lymphatic glands. We are continually told that glands are enlarged in syphilis and infiltrated by the syphilitic virus. In scrofula they are indurated and break down whilst the truth of the matter is that they are markedly indurated in syphilis and infiltrated in tuberculosis. Let us be more exact in our descriptions.—American Journal Dermatology.

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Conditions Simulating Appendicitis.—Dr. Alexander B. Johnson of New York read a paper at the recent meeting of the New York Medical Society and offered the following conclusions: (1) A very large number of conditions might simulate appendicitis. (2) Many of them when carefully studied, especially with regard to the past history and present signs and symptoms, would render a differential diagnosis possible. (3) In acute cases, with an imperfect history and an inability to observe the patients during the earlier hours of the disease, an accurate diagnosis might be possible. This would be especially true (a) of perforating lesions of the alimentary tract other than appendicitis; (b) of some affections of a tube and ovary upon the right side; (c) of cases of well developed purulent peritonitis; (d) in the erythema group, Henoch's purpura, with abdominal symptoms, might so exactly simulate acute appendicitis that no differential diagnosis was possible during the earlier hours of the disease.—American Medicine.

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The dysuria from stricture is one of the complications of that condition, that is attended with much discomfort and pain, at times. Relief from this is often sought, and, it is no unusual matter, for the physician to find himself impotent to relieve it. A remedy which has been highly recommended for this purpose is gelsemium. The action of this remedy, in the condition mentioned, is to enable the patient to pass urine in from four to eight hours. This is an important item to bear in mind, because catheterization is often a very difficult, or even impossible maneuver, when a stricture is of a very small calibre.—American Journal Dermatology.

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The Moro Reaction.—F. R. Charlton, Indianapolis, (Journal A. M. A., March 26), during the past 18 months has used the Moro reaction on about 40 patients as a test for tuberculosis. In all

except 5 there was a more or less positive reaction and he became sceptical as to the clinical value of the test, many of the patients having no other clinical evidence of the disease. Recently he used a tube on himself and another person in whom there was no positive evidence of tuberculosis, and obtained a strong reaction in both. He also learned that a number of interns and nurses in the Indianapolis City Hospital has obtained positive reaction on themselves with the Moro test, and he asked for volunteer subjects from the students of the Indiana University School of Medicine. Seven responded and in one only did the skin remain clear. He calls attention to the danger of trusting to this test, asking of what clinical value as a diagnostic aid can a test be that marks the overwhelming majority of the human family as tuberculous? The false value placed on it, however, is leading to the ever threatening and apparently inevitable abuse as a short cut to diagnosis in place of the old classical clinical study.

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Aural, Nasal, and Throat Symptoms in Diabetes.—O. J. Stein, Chicago (Journal A. M. A., March 26), says it is a matter of surprise that the changes occurring in the mucous cavities of the head and neck in diabetes should so often pass unrecognized. They are by no means uncommon. In the mouth, evidences of perverted nutrition are frequently found. The secretions become distinctly acid and act on the necks of the teeth, exposing the deeper and more sensitive parts to the ever present infection in the mouth, hence spongy and bleeding gums and aching teeth are symptoms of importance in diabetes, the existence of which is often recognized by dentists from the mouth symptoms. Aphthous stomatitis, thrush, a large red tongue sometimes with black fur in the middle, hyperemia of the mucosa which often presents a glazed appearance and feels dry, are frequent symptoms. If acetone is present in quantity its odor is imparted to the breath and the patient himself may be aware of the sweetish taste. Sialorrhea has been observed in some individuals with pancreatic disease. In the throat there is dryness which is not to be confounded with pharyngitis atrophica. In the dry pharyngitis of diabetes the mucous membrane is usually red and glazed in appearance. This symptom is considered important in connection with others in the diagnosis of diabetes. Tuberculous appearing ulcers appear occasionally but they heal readily and therefore have not been considered by Freudenthal as tuberculosis. Externally a reddening of the nose has been observed in diabetes but as to intranasal symptoms nothing characteristic has been noted. Stein, however,

thinks that there are many cases of intranasal irritation that might show a relationship to diabetes. The manifold variety of ear symptoms is surprising to the casual observer. A common symptom is furuncles in the external ear, and otitis externa diffusa chronica may be present, especially the desquamative type. Eczema auris is not uncommon and may be very extensive. In all such cases, Stein says, he makes a urine examination for diabetes. Gangrene may rarely occur. Suppurative ear disease is a serious complication in diabetes but not necessarily alarming. Some authorities hold the opinion that a primary mastoiditis may occur. An otitis media that appears suddenly without apparent cause should lead to an investigation for diabetes. In Stein's observation, these cases are more painless than usual and the mastoid is always involved. Both ears may be affected. He says that suppurative otitis media and suppurative labyrinthitis are commonly associated in diabetes and brain complications have been many times observed. We should be alert in all diabetics with otitic involvement for symptoms of panotitis. Lastly, he mentions neuritis of the acusticus which, accordingto Benninghaus, is most frequently caused by diabetes.

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On the Nature and Treatment of Angina Pectoris.—In the Lancet of January 8, 1910, Morison states that the treatment of angina pectoris includes the treatment (1) of the attack and (2) of the condition. The treatment of the attack of angina pectoris may consist in the relief as rapidly as possible of a painful affection of greater or less severity, the subsidence of which without untoward accident we may anticipate almost with certainty, or it may involve a grim struggle of progressive intensity between the physician and death, in which the latter may prove the victor within a very few minutes. Tragedjes of this description are rarely encountered in the endocarditic series. They are usually met with when the ordinary physical examination of the heart reveals little or nothing amiss. The attack of angina in valvular disease (which is usually aortic) is rapidly relieved as a rule by the nitrites, even when it recurs with frequency. The nitrites, indeed, merely hasten the relief which is sure to follow the rescuing acceleration of the heart's action which succeeds the primary inhibition caused by the shock of cardiac pain. The attack in non-valvular angina may require, on the other hand, a quick recourse to morphine and atropine, or to a general anesthetic to avert a rapidly fatal issue, which even then may, and frequently does, ensue. The author agrees with Sir Clifford Allbutt in con-

sidering the cause of death in angina pectoris to be the inhibition of cardiac action by the shock of pain. The heart may rapidly cease to beat and die in diastole; or death may be postponed somewhat longer, the heart passing into a feeble tachycardia, very suggestive of the fibrillary tremor, noticed as the last phase in the cardiac action of animals killed experimentally by intensive or repeated electrical shocks.

The immediate danger passed, the treatment of the anginous condition or of the conditions underlying the supervention of angina has to be considered. It is scarcely necessary to insist upon the avoidance, so far as possible, of those forms of physical exertion or mental emotion which are found to provoke attacks, or upon that care in diet and in the securing of easy evacuation which is likewise indicated. The iodides and mercurials which have proved beneficial in some instances may do so without reference to old specific infection, but where it is possible to determine such with any probability or certainty treatment on these lines is the more indicated. Now that we possess in the Wassermann reaction with the patient's blood serum a fairly reliable means of determining the point with some assurance, it is well to use it. Recently the author found this test positive in a case of some years' standing which shows no valvular disease and a very moderate rise of blood-pressure. The patient was infected twenty years ago; and was not specifically treated. He is now under treatment for specific disease.

The angina of valvular disease, which is usually associated with aortic valvular lesion, frequently occurs during periods of defective compensation when we are not dealing with a hypermyotic heart. In such circumstances we observe the attacks to subside as cardiac action becomes more efficient. In this series, the author believes, with Sir Lauder Brunton, that the blood content of the organ plays a part. The treatment, therefore, of this condition of comparative cardiac failure on recognized lines is that indicated during periods of greater anginous distress.—Therapeutic Gazette.

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Treatment of Uterine Fibromata During Pregnancy.—Dr. E. Kufferath (Jour. Med. de Brux; Munch. Med. Wochenschr., No. 51, 1909) summarizes his views as follows: Uterine fibromata should only be treated if they exercise a deleterious influence upon pregnancy. Their tendency during this period is to enlarge, become softer and somewhat edematous, but rarely to break down. The size and position of the fibroid is especially to be considered,

the most dangerous being those which are submucous. The growth may result in interruption of the pregnancy and dangerous hemorrhage, or in hemorrhage without abortion, which is quite rare, in retroflexion or retroversion, violent pain, localized peritonitis, symptoms of compression, abnormal positions of the fetus, rapid emaciation and cachexia. The treatment, if required varies greatly. Artificial termination of the pregnancy is often very difficult and sometimes necessitates total removal of the uterus. Early delivery should be resorted to only in the presence of severe dyspnea. In general, any active treatment should be refrained from during pregnancy if its course is normal. Operation upon fibromata is to be avoided at this time. On the other hand, intervention is necessary if complications exist. Fibroids of the cervix should be removed if they give rise to suppuration or hemorrhages. Large growths should be extirpated if they greatly increase the dangers of delivery. An attempt should always be made at first, however, to so displace the mass that the symptoms of compression are more easily borne. If this is impossible, however, laparotomy must be resorted to, proceeding as conservatively as possible. Total extirpation of the tumor is preferable to the Caesarean operation, because of the presence the growth prevents the drainage of secretion. If the fibroid, however, is inoperable, recourse may have to be had to Caesarean section, removing at the same time the ovaries, so as to prevent subsequent pregnancy.—International Journal Surgery.

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In acute gonorrheal urethritis, the presence of a small meatus urinarius predisposes to an increased severity of the inflammation. Meatotomy is imperative, in spite of the profuse discharge. The wound is not usually affected in the least degree by the gonococcus infection in the urethra.. During the healing stage it is well to keep a small pledget of absorbent cotton soaked in bichlorid solution between the lips of the meatus constantly. This prevents unduly rapid closure of the wound with contraction, and keeps it clean at the same time. A. L. W.—International Journal Surgery.

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Calcium Salts in Certain Diseases of the Skin.—Bettmann, in an article in the Muench. Med. Wochenschr, states that, acting on the suggestion of Wright, regarding the use of calcium chloride in hemorrhagic and urticarial conditions, he has used the calcium lactate in a series of about seventy cases, during a period of one and one-half years. His formula is a five per cent. aqueous so-

lution of lactate of calcium giving one or two tablespoonfuls one hour before meals, for three or four weeks. He has had good results in purpura, urticaria, pruritus senilis and herpes gestationis. As yet, he is not convinced that the good effects of the treatment depend upon the ability of the calcium salts to increase the coagulability of blood. He cites a case of purpura hemorrhagica, of two years' duration, which was apparently cured after four week's treatment. Five cases of senile pruritus, one of the most intractable and annoying of conditions, were much improved. A case of herpes gestationsis in which there had been severe symptoms, in two previous pregnancies, was similarly bettered and, after three or four weeks, the skin lesions dissappeared permanently. The pathology of both urticarial and purpuric eruptions would seem to depend rather upon an increased permeability of the vessel walls than upon any alteration in the blood itself. Since the frequently rapid appearance and dissappearance of these conditions would involve a correspondingly rapid alteration, in character, of the whole mass of the blood stream, which is certainly not probable. The action then of calcium salts, in such cases, must be upon either the vascular or nervous mechanism of the vessel walls.—American Journal Dermatology.

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Burns.—The following dressing has on many occasions yielded most excellent results in burns of the first and second degree:

Acidi Carbolici ..... grn. v-x
Bismuthi Subnitratis ..... ℥i
Petrolati ..... ℥i

Apply on lint. On application the pain subsides almost at once, while rapid granulation and healing of the wound follows. No other treatment of burns used by me has ever given me an equal amount of satisfaction.—S. A. E. Johnson, of St. Louis, in Clin. Medicine.

Ammonii Chloridi ..... Ɽiss.
Syr. Ipecacuanhæ ..... fl. Ɽiss.
Syr. Acidi Citrici ..... fl. ℥j
Aquæ ..... ad, fl. ℥iv

M. Sig: One teaspoonful in water every two or three hours. —Jour. A. M. A.

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Differential Diagnosis of Measles and Scarlet Fever.—The chief aids in differentiation are, in measles, the longer period of incubation, the three-day prodromal stage, the coarse, blotchy

rash, the dark-red pharynx, the but slightly enlarged glands, the dry hacking cough; and, in scarlet fever, the short incubation period, the appearance of the rash after one day's illness, the fine scarlet rash, the decidely sore and bright-red throat, the noticeably enlarged glands, and the absence of marked cough. One symptom that I have come to consider almost certain in scarlet fever is initial vomiting. This seldom occurs with measles. The diagnosis of rubolla or German measles is usually easy because of the prompt appearance of the rash and the mild constitutional disturbance. The rash following the administration of quinine, antipyrine, and other drugs might possibly be confusing should the child be suffering from a severe cold.—Dr. Carroll Chase, Merck's Archiv.

The Dose of the Salicylates.—Plehn, in an able paper in the Deutsche Med. Wochenschr. says the success of treatment of acute articular rheumatism depends upon adequacy of dosage. When proper doses of the salicylates are used, he says it as much a specific in acute rheumatism as quinine in malaria or mercury in syphills. He gives the patient fifteen grains of salicylic acid six times a day—suspending the remedy at night. He continues this until the temperature has remained normal for three days, and all joint symptoms have disappeared. He then gives the patient a few fifteen grain doses for a week. He insists that the patient remain in bed three days further, without any medicine, before going about his customary work. The joints are encased in dry cotton and are supported upon cushions. He uses this treatment in all cases—even those which appear essentially mild. He thinks less dosage than that already mentioned entirely inadequate, leading only to disappointment on the part of the physician and protracted suffering for the patient.

He says, however, that women do not tolerate as large doses of the salicylates as men, and he gives them, often only five and sometimes three doses of fifteen grains each, in a day. As proof of the great majority of this treatment of rheumatism, Phlen says that in 319 cases treated, where the heart was normal, valvular disease developed in only two cases, and in these his directions had not been carefully followed. In 101 cases of recurring rheumatism which had been treated elsewhere, heart disease developed in 36 cases. He is morally certain that this vigorous employment of the salicylates prevents cardiac and pleural complications.—Medical Standard.

O. P. DAVIS, M. D.,
PRESIDENT KANSAS MEDICAL SOCIETY, 1910-1911.